



Judges' Retirement System II
P.O. Box 942705
Sacramento, CA 94229-2705
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(916) 795-3688, FAX (916) 795-1500

Judges' Retirement System II SURVIVOR AND BENEFICIARY INFORMATION

Name _____ Social Security Number _____ - _____ - _____

In accordance with the provision for Government Code Sections 75591 (Judges' Retirement System II Law):

Section A – Spouse/Registered Domestic Partner Information

The following is my current spouse/domestic partner's information who will be eligible to receive benefits(s) if he/she survives me:

Spouse/Registered Domestic Partner's Name _____ Social Security Number _____ - _____ - _____

Date of Birth (mm/dd/yyyy) _____ Date of Marriage/Registered Partnership (mm/dd/yyyy) _____

Section B – Child(ren)

The following is/are the name(s) of my child(ren) who will be eligible to receive benefit(s) upon my death if there is no surviving spouse.

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Section C – Designated Beneficiary

The following is the designation of a beneficiary eligible to receive my benefit(s), if payable.

Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Should I survive the above named beneficiaries, I request and authorize that such death benefits be paid to my estate or to such other beneficiaries as I may hereafter designate in writing duly filed with the JRS II, all in accordance with the provisions of the JRS II Law.

Member's Signature _____ Date (mm/dd/yyyy) _____